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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): William C. Olson et al.

Serial No. : 09/912,824 Examiner: Jeffrey S. Parkin

Filed : July 25, 2001 Group Art Unit: 1648

For : COMPOSITIONS AND METHODS FOR INHIBITION OF HIV-1 INFECTION

Mail Stop AF
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Date: May 10, 2005

Sir:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	26	* 33 =	*** 0 X	\$25	\$50	=	0.00
Independent Claims	4	**	***			=	0.00
Multiple Dependent Claim(s) Presented For First Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				\$180	\$360	=	180.00
				TOTAL ADDITIONAL FEE \$ 180.00			

* The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
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The following are also enclosed:

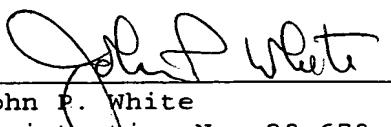
One additional copy of this Amendment Transmittal Letter
 Return Receipt Postcard
 An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes No
and a fee of \$ included)
 A Petition for an Extension of Time, including a fee of
\$ 60.00 for a Petition for 1 Month(s) Extension of Time

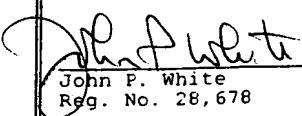
Other (identify):

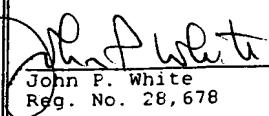
THE TOTAL FEE DUE IS \$ 240.00.

A check in the amount of \$ 240.00 is enclosed.
 Please charge Deposit Account No. in the amount of
\$.
 The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
 Fees under 37 C.F.R. §1.16 for the presentation of extra claims
 Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,


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	SL10/05
John P. White	Date